NOTIFICATION OF MULTICANDIDATE STATUS

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(See reverse side for instructions)

	This	form	should	be	filed	after	the	Committee	aualifies	as a	multicandidate	committee
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. (a) NAI	ME OF C	OMMITTEE IN FULL]		
SI	LM C	orporation PAC (Sallie N	/lae PAC)				
(b) Num	nber and	Street Address			_		
30	0 Contir	nental Drive			2. FEC IDEN		NUMBER
(c) City,	, State ar	nd ZIP Code			3. TYPE OF	COMMITTEE	(check one)
Ne	ewark		DE	19713	STAT	E PARTY ER	
certify	that c	one of the following situati	ons is correct (co	mplete line 4 <i>or</i> 5):			
on		S BY AFFILIATION: The of the contract of the c					
Co	ommit	tee Name:					
FE	EC Ide	entification Number:					
		S BY QUALIFICATION:					
Γ		Name		Office Sought	State/E	District	Date
Ī	(i)	Donnelly, Joseph, S, ,		Senate	IN	00	06/28/2017
	(ii)	Guthrie, Brett, , ,		House	KY	02	03/29/2017
	(iii)	Foxx, Virginia, A, ,		House	NC	05	06/28/2017
	(iv)	Burr, Richard, , ,		Senate	NC	00	11/07/2016
	(v)	Scott, Bobby, , ,		House	VA	03	11/07/2016
(b)	on:	ntributors: The committee 07/13/2017 gistration: The committee omitted on:06/25/2015					1 was
(d)) Qu	alification: The committe	e met the above i	requirements on:	07/13/2017		_•
TYPE OF	R PRIN	re examined this Statement and to to T ΓNAME OF TREASURER	he best of my knowledge SIGNATURE OF T	DE 4 01 IDED	t and complet lectronically F		
allman,	Vincent	t, R, ,	Tallman, Vincent, R,			07/20	/2017

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M